



Award# 6 NU62PS924783-03-01
FAIN# NU62PS924783
Federal Award Date: 01/31/2025

Recipient Information

1. Recipient Name

COMMUNITY HEALTH PROJECT, INC.
356 W 18th St
New York, NY 10011-4401
[NoPhoneRecord]

2. Congressional District of Recipient

08

3. Payment System Identifier (ID)

4. Employer Identification Number (EIN)

5. Data Universal Numbering System (DUNS)

6. Recipient's Unique Entity Identifier (UEI)

7. Project Director or Principal Investigator

Dr. Asa Radix
Principal Investigator
aradix@callen-lorde.org
212-271-7275

8. Authorized Official

Mr. Patrick McGovern
Chief Executive Officer
pmcgovern@callen-lorde.org
(212) 271-7200 X 852

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Mrs. Benita Bosier-Ingram
Grant Management Specialist
ula8@cdc.gov
404-638-7434

10. Program Official Contact Information

Dejené Parrish
Public Health Analyst
xht6@cdc.gov
404.639.8382

Federal Award Information

11. Award Number

6 NU62PS924783-03-01

12. Unique Federal Award Identification Number (FAIN)

NU62PS924783

13. Statutory Authority

Sections 301 and 318(b) of the Public Health Service Act; 42 USC Sections 241 and 247c(a), as amended

14. Federal Award Project Title

Callen-Lorde Transcend Program to Provide Status Neutral Services for Black, Hispanic and Multi-racial Transgender and Gender Diverse New Yorkers

15. Assistance Listing Number

93.944

16. Assistance Listing Program Title

Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance

17. Award Action Type

Terminate

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 06/30/2024 - End Date 01/31/2025

20. Total Amount of Federal Funds Obligated by this Action \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$500,000.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$500,000.00

26. Period of Performance Start Date 06/30/2022 - End Date 01/31/2025

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$1,581,155.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Stephanie Latham
Team Lead, Grants Management Officer

30. Remarks



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU62PS924783-03-01

FAIN# NU62PS924783

Federal Award Date: 01/31/2025

Recipient Information**Recipient Name**

COMMUNITY HEALTH PROJECT, INC.
356 W 18th St
New York, NY 10011-4401
[NoPhoneRecord]

Congressional District of Recipient

08

Payment Account Number and Type**Employer Identification Number (EIN) Data****Universal Numbering System (DUNS)****Recipient's Unique Entity Identifier (UEI)****31. Assistance Type**

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$243,575.00
b. Fringe Benefits	\$104,737.00
c. Total Personnel Costs	\$348,312.00
d. Equipment	\$0.00
e. Supplies	\$0.00
f. Travel	\$3,688.00
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$50,000.00
j. TOTAL DIRECT COSTS	\$402,000.00
k. INDIRECT COSTS	\$98,000.00
l. TOTAL APPROVED BUDGET	\$500,000.00
m. Federal Share	\$500,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390JT6	22NU62PS924783	PS	41.51	93.944	\$0.00	75-22-0950
3-9390JT6	22NU62PS924783	PS	41.51	93.944	\$0.00	75-23-0950
4-9390JT6	22NU62PS924783	PS	41.51	93.944	\$0.00	75-24-0950



Centers for Disease Control and Prevention

Award# 6 NU62PS924783-03-01

FAIN# NU62PS924783

Federal Award Date: 01/31/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

COMMUNITY HEALTH PROJECT, INC.

6 NU62PS924783-03-01

1. TERMINATION

TERMS AND CONDITIONS OF AWARD

Termination: The purpose of this amendment is to terminate this award in accordance with the President's Executive Order, Defending Women from Gender Ideology Extremism and Restoring Biological Truth to Federal Government and Office of Personnel Management guidance issued January 29, 2025.

No additional activities can be conducted, and no additional costs may be incurred. Un-obligated balances will be de-obligated.

Closeout: Submit all closeout reports identified below within 120 days of the period of performance end date of January 31, 2025. Submit the documentation as a "Grant Closeout" amendment in GrantSolutions. The reporting timeframe is the full period of performance. Please note, if you fail to submit timely and accurate reports, CDC may also pursue other enforcement actions per 45 CFR PART 75.371.

Final Performance/Progress Report: This report should include the information specified in the Notice of Funding Opportunity (NOFO). At a minimum, the report will include the following: • Statement of progress made toward the achievement of originally stated aims. • Description of results (positive or negative) considered significant. • List of publications resulting from the project, with plans, if any, for further publication.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed SF-428 detailing all major equipment acquired with a unit acquisition cost of \$5,000 or more. If no equipment was acquired under the award, a negative report is required